‘Don’t make it a specialisation... Make it mandatory...’

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Introduction

The Centre for Aboriginal Medical and Dental Health (the Centre) has responsibility for the Aboriginal health curriculum within the health professional courses offered by the Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia (UWA). In 2000, the Medical School introduced a refreshed and updated curriculum for its six-year Bachelor of Medicine, Bachelor of Surgery (MBBS) program. Staff at the Centre used this opportunity to introduce a more comprehensive horizontally and vertically integrated approach to teaching and learning Aboriginal health. The new curriculum included core Aboriginal health content for all students and the creation of Aboriginal health-specific options, selectives and electives across each of Years 2 through 6.

Given the substantial commitment and engagement that some students were showing by enrolling in every option in Aboriginal health across the medical course, it was decided this should be appropriately recognised by the Faculty and University. Consequently, in 2007 an Aboriginal Health Specialisation was formally approved at School, Faculty and University levels, and students who successfully completed all of its requirements would have this recorded on their official academic transcript.

In 2012, an evaluation was undertaken with the relatively small number of graduates (five) who had to date completed the Specialisation and finished their internship to gain feedback on their experience of its value and impact on their work. This case study presents the results of this evaluation of the Aboriginal Health Specialisation.

Aims and Objectives

The aim of the enhanced Aboriginal health curriculum has been to graduate medical practitioners who have a greater preparedness and effectiveness when working with Aboriginal people, communities and organisations. In other words, it aims to contribute to improving the quality of health care available to Aboriginal people.

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Objectives of the Aboriginal Health Specialisation are to:

- encourage students in the MBBS to enrol in more of the Aboriginal health options; and
- recognise more appropriately those students completing all of the Aboriginal health options offered.

The aim of the evaluation presented in this case study is to capture a sense of the utility of the Specialisation and to assess the influence it may have had on graduates, with a particular focus on their chosen locations for work.

Approach

The development of the new teaching and learning initiatives in the MBBS were guided by agreed year and graduate level outcomes in Aboriginal health, which were developed and formally approved in 2003 (Paul, Carr & Milroy 2006; Paul 2012).

Throughout Years 2 to 6 of the MBBS, students have some choice in relation to one of the required areas of study. This enabled the Centre to develop, implement and offer an opportunity to engage in more detailed teaching and learning activities in Aboriginal health in each of those five years, to form the Aboriginal Health Specialisation. These activities are:

- Year 2 – A semester-long Aboriginal health and wellbeing unit (the equivalent of 25% of a full-time load for the semester – with the unit coordinator a Centre staff member)
- Year 3 – A semester-long Aboriginal community organisation placement unit (the equivalent of 25% of a full-time load for the semester – with the unit coordinator a Centre staff member)
- Year 4 – An approved Aboriginal research project to meet the requirements of the Research and Discovery unit (at least one Centre staff member is usually a supervisor of the project)
- Year 5 – Two approved two-week, Aboriginal health related selectives
- Year 6 – An approved Indigenous health-related, six-week elective (either in Australia or overseas).

The Coordinator of the Specialisation kept a record of all of the students enrolled in the Specialisation. For components that included some choices available to students, especially in Years 4 through 6, the Coordinator consulted with them about their options. Students were required to get the Coordinator's approval of their final choice to ensure that the requirements of the Specialisation continued to be met.

Some elements of the Specialisation were offered thanks to the partnership and collaboration developed with colleagues via the Leaders in Indigenous Medical Education (LIME) Connection and Pacific Region Indigenous Doctors' Congress. For example, some of the Year 6 clinical elective sites undertaken by the graduated Specialisation students have included:

- Derbarl Yerrigan Health Service, Perth, Western Australia, Australia
- Moose Factory and Queens University, Canada
- Elbow River, Calgary, Canada
- John A. Burns School of Medicine, Hawaii
- Baker Institute, Alice Springs, Northern Territory, Australia.

Ethical approval for this evaluation was obtained from the UWA Human Research Ethics Committee (RA/4/1/6196). Approval was also sought from the Western Australian Aboriginal Health Ethics Committee, which decided that its approval was not required for this project.

All of those who had completed the Aboriginal Health Specialisation were well known to its Coordinator, which meant that the work location of the potential participants was also known. In order to reduce the influence of the established connection between graduates and students, and the Centre's staff, on potential participants agreeing to participate or not, a research officer working at the Centre on the Educating for Equity project (funded by the National Health and Medical Research Council) undertook the recruitment and data collection.

The evaluation was in the form of semi-structured interviews, carried out in the middle of 2013, that were recorded for some participants but, for technical reasons, not all. Rather, for some interviews, notes taken by the interviewer were used as data. The interviews were conducted face-to-face, by telephone or via Skype as participants were working across Australia including in Perth, the Kimberley, the Northern Territory and Victoria. Only those graduates who had completed their internship were approached to participate in the evaluation in an attempt to better capture more accurately the influence that the Specialisation may have had on graduates chosen locations for work.

Results

Definitely resulted in me working where I am now...

The first two students completed the requirements of the Aboriginal Health Specialisation in 2008, and by the end of 2012, 41 students had commenced the Specialisation. At the time of the evaluation 11 of these had completed the Specialisation, 23 were still undertaking it and seven had finished their MBBS degree but had not completed all the requirements of the Specialisation. Twenty per cent of all the students undertaking the Specialisation have identified as Aboriginal (Table 1).

Table 1: Aboriginal Health Specialisation (AHS) – Total commencements 2008–12

Graduated with AHS	Currently completing AHS	Graduated without completion of AHS	Total AHS commencements
11	23	7	**41 inc. 8 (20%) Aboriginal**

Of the 11 graduates who had completed the Specialisation at the time of the evaluation, only five had also completed their internship, with the remaining six still undertaking it (Table 2). As noted above, this evaluation was particularly focused on gaining a deeper understanding of the choices and experience of graduates who had begun to decide on their work location. For this reason, interns were not included in the evaluation, as they have more restricted options regarding location of work.

Table 2: Aboriginal Health Specialisation graduates

Internship completed	Internship being undertaken	Total AHS graduates
5	6	11

The following summarises the work locations of these five graduates (graduating between 2007–2011)[2] since completing their internship:

- Completed internship in rural location – 2
- Currently working in an Aboriginal health setting – 2
- Rural practice experience since graduating – 5
- Pursuing further study – 2 (1 in an Aboriginal health context).

It is of interest that all five participants have worked in rural settings since graduation. Across the whole of the MBBS student cohort, 4.7% chose to work in rural settings (Playford et al. 2014) compared with 100% of the Specialisation graduates so far. Further, in the core and optional teaching in Aboriginal health at UWA, particular care is taken to counter assumptions that Aboriginal people in Western Australia live predominantly in rural areas.

As noted at the beginning of this section, one graduate who is now working in the Aboriginal Community Controlled Health sector stated that the Aboriginal Health Specialisation 'definitely resulted in me working where I am now...'. Such a claim captures the value of having a structured, course-long engagement with Aboriginal health. Having established the Specialisation with the explicit aim of building the future Aboriginal health workforce, such sentiments are reassuring. However, our aim has not been solely about graduating practitioners interested in working in Aboriginal health, but also training practitioners who are better prepared to work with all. One participant commented that the Specialisation had helped them to be a better practitioner 'even if you do not end up working in an Indigenous setting…'

Discussion

Successes

> *I feel that you and CAMDH [Centre for Aboriginal Medical and Dental Health] have put me on this path, so I am very grateful :)*

The Aboriginal Health Specialisation was established to provide an incentive to encourage students in the Bachelor of Medicine, Bachelor of Surgery program to enrol in more of the Aboriginal health options offered across the six-year course, as well as to recognise more appropriately those students who were completing all of the options offered. The small numbers completing the Specialisation to date mean it is hard to draw substantial conclusions from this evaluation.

However, with a significant number of students commencing the Specialisation and a relatively good completion rate so far, it appears to be providing focused learning opportunities that are helping to guide graduates along the 'path' of working in Aboriginal health. The enthusiasm for the Specialisation from those graduates interviewed was considerable. Being driven by an Aboriginal-led Centre within the Medical School, with a majority of Aboriginal staff, has also helped to model the leadership, skill and capacity of Aboriginal people in the Aboriginal health field and to provide

2 While the Specialisation was not approved until 2007, its electives and other components were offered from 2001. Hence, the first graduates were able to complete the Specialisation in 2008.

evidence of collaborative partnership of Aboriginal and non-Aboriginal professionals working together in partnership.

In 2013, the restructuring of the UWA degree program – to offer only four-year undergraduate degrees and to move all professional courses to Masters level – meant the Centre was able to develop and implement an Aboriginal health and wellbeing major for students in Bachelor of Arts or Bachelor of Science programs.

Challenges

Developing and maintaining the Aboriginal Health Specialisation requires an ability to engage with partner organisations and colleagues to ensure we have adequate numbers of suitable student placements in Years 3–6. It can sometimes take up to six months, for example, to arrange an elective outside of Australia, requiring considerable resilience and patience on the part of the students and those trying to organise the elective. Managing such things, as well as keeping track of each student's journey to ensure that those who successfully complete the Specialisation get the appropriate recognition from the Faculty and University, takes time and effort despite an already full workload.

Changing over to the four-year Doctor of Medicine program led to a review of the Aboriginal Health Specialisation, and the following modifications to its existing requirements:

- Year 2–4 – A scholarly activity (either at a community organisation placement or a research focus)
- Year 4 – A clinical elective (approved by the Centre for Aboriginal Medical and Dental Health and in an Indigenous health setting)
- Reflective portfolio (Aboriginal health-related reflections across all years)
- A detailed reflective Aboriginal case report from each clinical year.

The new structure of the Specialisation in the Doctor of Medicine, which began in 2014, was formally approved at Faculty and University levels in 2013. Whether this has the same uptake or impact as in the MBBS program is yet to be seen. Managing the Specialisation across the MBBS and the Doctor of Medicine, as well as the Aboriginal Health and Wellbeing major in the undergraduate degrees, will be a time-consuming task. Whether this remains sustainable without additional resources is an unknown at this stage.

Conclusion

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We recognise that this is an early evaluation of the utility and impact of a program, but given the strength of our anecdotal evidence – that many of those who had completed the Specialisation were working in locations where it was likely that Aboriginal health would be a significant part of the graduate's usual work – we wanted to be able to confirm this, or not. The evaluation has shown that a significant proportion of the students completing the Aboriginal Health Specialisation now work in both rural areas and locations with a high proportion of Aboriginal peoples. Two (40%) of the graduates are working in Aboriginal-specific health services and one (20%) is undertaking an Aboriginal health research project at Masters level.

In other words, a structured enhanced learning program such as the Aboriginal Health Specialisation, that students can choose to undertake within a medical course, could provide a significant shift in future work choices. From this early evidence, the Specialisation appears to be making a substantial contribution to building the future Aboriginal health medical workforce. We look forward to following the career choices of its graduates to see if the dream continues to be realised.

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References

Paul, D. 2012, 'All or nothing? The value of a complete package – A horizontally and vertically integrated Aboriginal health curriculum', *LIME Good Practice Case Studies*, Leaders in Indigenous Medical Education Network, Onemda VicHealth Koori Health Unit, The University of Melbourne, Melbourne, pp. 29–31.

Paul, D., Carr, S. & Milroy, H. 2006, 'Making a difference: The early impact of an Aboriginal health undergraduate medical program', *Medical Journal of Australia*, vol. 184, no. 10, pp. 522–5.

Playford, D., Evans, S., Altkinson, D., Auret, K. & Riley, G. 2014, 'Impact of the Rural Clinical School of Western Australia on work location of medical graduates', *Medical Journal of Australia*, vol. 200, no. 2, pp. 104–07; doi: 10.5694/mja13.11082.

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